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HEALTH & FAMILY WELFARE DEPARTMENT

NOTIFICATION

The 4th August, 2023

No.18664—HFW-SCH-I-MISC-0056/2023/H.— Whereas, Chronic Hepatitis-"B" and Hepatitis-"C" are major public health concerns in the State accounting for substantial morbidity, mortality and economic loss. These diseases are blood borne, transmissible viral diseases caused by Hepatitis-"B" virus and Hepatitis-"C" virus affecting the high risk groups and other vulnerable population. While Hepatitis-"C" is curable if treated on time for 03 months, Hepatitis-"B" requires lifelong treatment:

Whereas, both diseases if remaining undiagnosed & untreated can give rise to liver damage & Hepato-cellular carcinoma (liver cancer);

Whereas, the State intends to bring down Hepatitis B and Hepatitis C infectivity & case load to elimination level in a time bound manner, and requires adequate data & information for planning & intervention;

Now, therefore, in exercise of the powers conferred under Section (2) (1) of the Epidemic Disease Act, 1897, the Government have been pleased to prescribe that all health care providers whether in Public, Private / NGO sector where diagnosis, tests & treatment of patients is undertaken, shall have to take adequate steps for timely notification of Hepatitis-"B" and Hepatitis-"C" diseases (Screened or Confirmed) to the designated authorities (i.e., District Surveillance Officer of respective Districts & State Surveillance Officer) in reporting *Pro forma* in Annexure-A applicable for testing laboratories / Hospitals / Nursing Homes / Clinics / research institutions / research labs & any other institutions providing medical & follow up care to such patients.

For the purpose of case Notification, laboratory work out, management & prevention, guidelines issued by National Viral Hepatitis Control Programme, MoH & FW. is to be referred.

This Notification shall come into force with immediate effect.

By Order of the Governor

SHALINI PANDIT

Commissioner-*cum*-Secretary to Government

Annexure-A

Name of Health Facility (Govt./Private/Others) and Address:

Facility contact No & Email address:

Period of Reporting:

Date of Reporting:

Sl. No.	Name of Patient	Age	Gender	Complete Address	Contact Number	Hepatitis B /Hepatitis C/ Co Infection	Date of detection/ confirmation	Treatment Started on (Hepatitis B/C)	Remark

Name of the Reporting Official:

Signature of the Reporting Official